Fetal Alcohol Syndrome

WHAT IS THE PUBLIC HEALTH PROBLEM?

Fetal exposure to alcohol is a leading cause of birth defects and developmental disorders including Fetal Alcohol Syndrome (FAS) . The number of U.S. children diagnosed with FAS has been estimated to range from 3 to 22 per 10,000 live births. Children affected by prenatal exposure to alcohol may suffer lifelong consequences, including mental retardation, learning disabilities, and serious behavior problems. CDC findings indicate that one in eight women of childbearing age (i.e., women aged 18 – 44 years) reported engaging in "risk drinking" (seven or more drinks per week or five or more drinks on any one occasion). Birth defects associated with prenatal exposure to alcohol can occur in the first 3 – 8 weeks of pregnancy, before a woman even knows that she is pregnant.

WHAT HAS CDC ACCOMPLISHED?

- Funded four states (AZ, CO, NY, and AK) to develop a model approach using multiple sources to monitor rates of fetal alcohol syndrome (FAS). Published paper on the methodology.
- Developed education and outreach materials targeting women at risk for an alcohol-exposed pregnancy for state health departments, health care professionals, and the public.
- Began a multi-site (VA, TX, and FL) randomized controlled trial of the efficacy of Project CHOICES, an intervention based upon a pilot study that resulted in a 60% reduction in the number of women at risk for an alcohol-exposed pregnancy after a 4 session behavioral intervention.
- Funded two universities (San Diego State University and University of Texas-San Antonio) to conduct studies related to alcohol use and pregnancy among Latina women.
- Funded four cooperative agreements to develop, implement, and evaluate curricula to increase awareness and education regarding FAS among parents, teachers, and/or public health service providers.
- Funded five universities (in IL, WA, OK, CA, and MD) to develop and evaluate intervention for children with FAS and alcohol-related neurodevelopmental disorders (ARND) to maximize developmental potential.
- Funded three universities (UCLA, U of Iowa, St Louis U.) to design, implement, and evaluate targeted media campaigns aimed at reducing prenatal alcohol consumption.
- Use existing data to monitor the prevalence of alcohol use among preconceptional and pregnant women.
- Funded study to determine if markers of alcohol use in pregnant women can be found and used to identify infants at risk for FAS and other alcohol-related birth defects.

WHAT ARE THE NEXT STEPS?

- Continue to monitor rates of prenatal alcohol exposure and Fetal Alcohol Syndrome.
- Establish uniform screening and diagnostic criteria for FAS and train providers through CDC's 4 newly funded FAS Regional Training Centers (UCLA, St. Louis University, UNJMS, MeHarry/Morehouse).
- Complete prevention studies, disseminate findings, and implement interventions in communities.
- Develop a strategic plan for implementing the recommendations of the National Task Force on FAS/FAE.

For further information about this or other CDC programs, visit www.cdc.gov/programs *February 2003*